



Mayor Lester E. Taylor III

RENT LEVELING DIVISION – TENANT COMPLAINT/INTAKE FORM

Tenant Name:				
Address:		Apt.#:	Number of B	edrooms:
Telephone #:	Work #:		Cell #:	
Date you moved into your apartment:	Expiration date of your lease:		What is your monthly Rent:	
Is your rent paid up-to-date?	_ Does the owner have a C of H	for your apartmen	t? Yes No	
Type of Dwelling: Apartment building:	Number of Units: 2 Fa	mily House:	3 Family House:	Other:
Name of Landlord/Owner:	Addre	ess:		
Telephone Number:				
Does the Landlord/Owner live in the building: You	es No			
Diminution of Essential Service:				
Date of Diminution of Essential Service:	Date Landlord/Owner Was	Notified:	Date Condition	n Was Abated:
Basis for Complaint:				
218-6A: Whenever Essential Services decline in c complaint with the Rent Leveling Officer requesting	•	which substantiall	y affects the habitability	of premise, the tenant may file a
ADMINISTRATIVE USE:				
NOTE: No complaints will be considered without (3) a copy of your Property Maintenance complain		2) a copy of Writte	en Notice to Landlord ad	lvising landlord of your complaint
SIGNATURE:			DATE:	
				DPM-RLD 8/14